Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			(COIDITITY)		1000	201011111 Z)		RATE	FEE	1	RATE	FEE	
			00			TED EVIDA		BASIC FEE		┨	BASIC FEE	770.00	
FOR			NUMBER FILED		NUMBER EXTRA			BASICTEE	383.00	OR	DASIO I EE	770.00	
TC	TAL CHARGE	ABLE CLAIMS	minus 20=		*			X\$ 9=		OR	X\$18=		
INE	PEPENDENT C	LAIMS	3 mi	nus 3 =	*			X43=		OR	X86=		
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	column 2		TOTAL	28	OR	TOTAL		
CLAIMS AS AMENDED - PART II									200	,	OTHER	THAN	
		(Column 1)		(Colun		(Column 3)	_	SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**	,	= .		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***]=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
1,000								TOTAL			TOTAL		
. •					O\	(Column 2)		ADDIT. FEE		1011	ADDIT FEE		
		(Column 1) CLAIMS	<u> </u>	(Colun	EST .	(Column 3)	l r		ADDI-			ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**	:	=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***]=		X43=		OR	~X86=		
	FIRST PRESE	JLTIPLE DEF	PENDENT	CLAIM		IJ				+290=			
							. [+145= TOTAL	-	OR	TOTAL		
		*					. 4	ADDIT. FEE		OR	ADDIT. FEE		
		(Column 1)	1	(Colun		(Column 3)							
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER . OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	4	OR	X\$18=		
	Indep ndent	*	Minus	***	•	=		X43=		o'R	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145									OR	+290=	,	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											TOTAL		
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE											ADDIT. FEE		
		ber Previously Pai					r fou	nd in the app	ropriate box	in col	umn 1.		